



Municipality: Branford

**Form NAA-01**  
**2024 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: Feed Branford Kids

Address:

11 Business Park Dr. (P.O. Box 651) Branford, CT 06405

Federal Employer Identification Number: 17053176300018

Program title: Feed Branford Kids (FBK)

Name of contact person: Kristine Klarman

Telephone number: 203-931-5709

Email address: klarman888@gmail.com

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 10,000

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

Yes       No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Short Form Return of Organization Exempt From Income Tax

2023

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning, and ending

B Check if applicable: C Name of organization FEED BRANFORD KIDS INC D Employer identification number 82-5449088 E Telephone number 203-988-2656 F Group Exemption Number

G Accounting Method: X Cash I Website: FEEDBRANFORDKIDS.ORG H Check X if the organization is not required to attach Schedule B (Form 990).

J Tax-exempt status (check only one) - X 501(c)(3) L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 63,156.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I X

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for gaming and fundraising events (6a-c) and inventory sales (7a-c).

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2023)

## Part II — Program Information

Check the appropriate description of your program:

### 100% credit percentage

- Energy conservation; or  
 Comprehensive college access loan forgiveness (see Conn. Gen. Stat. § 12-635(3)).

### 60% credit percentage

- Job training/education for unemployed persons aged 50 or over;  
 Job training/education for persons with physical disabilities;  
 Program serving low-income persons;  
 Child care services;  
 Establishment of a child day care facility;  
 Open space acquisition fund; or  
 Other (specify): \_\_\_\_\_

Description of program: FBK is weekend food program open to all kids living in Branford.

Shelf stable easy to prepare foods are packed wkly. & delivered to the schools in town. The School social worker puts the bags in the kids lockers on Friday afternoon for the kids to take home. The FBK warehouse also distributes bags on Thursday afternoon from 5-6 yr. round. The families that pick up thank us for helping stretch their food budget.

Need for program: Over 35% of school kids receive free or reduced cost lunch during the week. This program ensures that kids can have enough food on the weekends & vacation weeks.

Neighborhood area to be served: All kids in Branford - either at school or the FBK warehouse.

Plan to implement the program: Program implemented in 2017.

Last yr. it expanded to the Intermediate school and the High School.

In 2020 the warehouse opened on Thursday evening, so FBK operates yr. round

**Timetable:**

Program start date: Not sure / Not sure / 2012  
MM - DD - YYYY

Program completion date: Ongoing  
MM - DD - YYYY

Post-project audit due date: N/A  
MM - DD - YYYY

The program start date must not be more than two years prior to the program completion date.  
Any program receiving \$25,000 or more in NAA funding is required to provide a post-project audit, prepared by a certified public accounting firm, to the municipality overseeing the program, no later than three months after the program completion date.

**Part III — Financial Information**

**Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested	<u>\$10,000.00</u>
Other funding sources - itemized sources:	
a) <u>Bfd. Community Foundation Grant</u>	<u>\$8,000.00</u>
b) <u>Greater New Haven Community Found. - Grant</u>	<u>\$7,500.00</u>
c) <u>Fundraising</u>	<u>\$22,600.00</u>
d) <u>Public Support: Appeal letter donations</u>	<u>\$42,500.00</u>
<b>Total Funding:</b>	<u>\$80,600.00</u>

**Proposed Program Expenditures:**

Direct operating expenses - itemized description:	
a) <u>Contract Services</u>	<u>\$15,000.00</u>
b) <u>Food Costs</u>	<u>\$80,000.00</u>
c) <u>Fundraising Costs</u>	<u>\$2,400.00</u>
d) <u>Kids gifts / gift cards at holidays</u>	<u>\$3,900.00</u>
Administrative expenses - itemized description:	
a) <u>Insurance</u>	<u>\$1,000.00</u>
b) <u>Supplies: Bagel office supplies</u>	<u>\$300.00</u>
c) <u>Postage / Mailing</u>	<u>\$400.00</u>
d) <u>Travel &amp; meetings</u>	<u>\$830.00</u>
<b>Total Proposed Expenditures:</b>	<u>\$104,030.00</u>

**Part IV — Municipal Information**

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_  
Town of Branford - Finance Department

Mailing address: \_\_\_\_\_  
1019 Main Street, PO Box 150, Branford CT 06405

Name of municipal liaison: James P Finch Jr

Telephone number: 203-315-0663

Fax number: \_\_\_\_\_

Email address: jfinch@branford-ct.gov

**Post-Project Audit**

Is a post-project audit required for this proposal?

Yes                       No

If Yes, date post-project audit due:

\_\_\_\_\_

Date